

AUG 24 2006

PTO/SB/21 (08-03)

Approved for use through 07/31/2008. OMB 0651-0031

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/549,806	
	Filing Date	September 20, 2005	
	First Named Inventor	Ralf Hilfrich	
	Group Art Unit		
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	03/026 Virofam

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) Extension of Time Request Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.62 or 1.63	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ Remarks:	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for withdrawal as attorney or agent and change of correspondence address

SIGNATURE OF APPLICANT, ATTORNEY OR AGENT

Firm or Individual Name	ProPat, L.L.C. 425-C South Sharon Amity Road Charlotte, NC 28211-2841		
Signature	<i>Cathy Moore</i>		
Date	August 24, 2006		

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Typed or printed name	Claire Wygand		
Signature	<i>Claire Wygand</i>	Date	8/24/06

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PTO/SB/03 (01-06)

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**REQUEST FOR WITHDRAWAL
AS ATTORNEY OR AGENT
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Application Number	10/549,806	RECEIVED
Filing Date	09/20/2005	CENTRAL FAX CENTER
First Named Inventor	Ralf Hlfrich	
Art Unit		AUG 24 2006
Examiner Name		
Attorney Docket Number	03/026 Viroferm	

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☒ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
☒ the attorneys/agents associated with Customer Number **38263**

NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are:

Client has not paid invoice (for filing patent application) after repeated requests.

CORRESPONDENCE ADDRESS

1. ☐ The correspondence address is NOT affected by this withdrawal.
 2. ☐ Change the correspondence address and direct all future correspondence to:
☒ The address associated with Customer Number: **38263**

OR

<input checked="" type="checkbox"/> Firm or Individual Name	ProPat, LLC		
Address	425-C South Sharon Amity Road		
City	Charlotte	State	North Carolina
Country	USA		
Telephone	704-365-4881	Email	moore@propatilc.com
Signature	<i>Cathy R. Moore</i>		
Name	Cathy R. Moore	Registration No.	45,764
Date	08/24/2006	Telephone No.	704-365-4881

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally approved.

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